

# UNIVERSITY OF CALIFORNIA PROPERTY/CASUALTY LOSS REPORT

Campus: \_\_\_\_\_ Unit: \_\_\_\_\_ Date: \_\_\_\_\_

Potential fund Source/s:	<input type="checkbox"/> BUS-1	<input type="checkbox"/> BUS-9	<input type="checkbox"/> BUS-28A/29A	<input type="checkbox"/> BUS-28B*	<input type="checkbox"/> BUS-28C
Admin. Code: _____	<input type="checkbox"/> BLDRS. RISK	<input type="checkbox"/> BUS-69	<input type="checkbox"/> BUS-73	<input type="checkbox"/> BUS-75 __AL __GL	<input type="checkbox"/> 3-D

## SECTION 1. PROPERTY LOSS (University Property Only) INFORMATION ONLY

1. Date of Loss \_\_\_\_\_ Time \_\_\_\_\_ Date Reported \_\_\_\_\_  
Location \_\_\_\_\_

2. Property Description \_\_\_\_\_

Project Name \_\_\_\_\_ Project No. \_\_\_\_\_

Owner/Gen. Contr. \_\_\_\_\_

Name	Address	Phone
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2.1 Make/Model/Year \_\_\_\_\_ U.C.# \_\_\_\_\_ License# \_\_\_\_\_  
 No. of Vehicles \_\_\_\_\_ No. of Injured Parties \_\_\_\_\_ No. of witness \_\_\_\_\_

2.2 Property # \_\_\_\_\_ Serial# \_\_\_\_\_ Estimated Value \$ \_\_\_\_\_

3. Cause of Loss/Damage \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Title of Property:  Regents  State/Federal Govt.  Other - Specify \_\_\_\_\_  
 If loss involves U.C. vehicle, check one:  Central Garage  Assigned to Department  
 Departmentally Owned  Other

5. Driver Name \_\_\_\_\_ License # \_\_\_\_\_ Department \_\_\_\_\_  
 Fault:  U.C. Driver  Other Driver  Not determined (explain) \_\_\_\_\_

6. Action Requested:  Repair  Replacement Estimated Cost \$ \_\_\_\_\_

7. Department Name and Account #: \_\_\_\_\_  
 Check if Auxiliary Enterprise

8. Use of vehicle:  Authorized  Not Authorized (explain) \_\_\_\_\_

9. Loss/Damage Reported by: \_\_\_\_\_ Title \_\_\_\_\_

10. Police Authority to Whom Incident was Reported: \_\_\_\_\_ Police Report # \_\_\_\_\_

11. Documents Attached:  Photographs  Repair Invoice  Police Report  Diagrams  
 Salvage Statement  Subrogation Results  Other

12. Gross Loss \$ \_\_\_\_\_ Deductible \$ \_\_\_\_\_ Amt. to Fund \$ \_\_\_\_\_

13.  Request Approved  Request Not Approved  Approval Require  Advance Funding Required  
 (attach supporting documentation)

14. Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Submitted by: \_\_\_\_\_

Campus Risk Manager/Project Manager/Designee

Signature certifies that property qualifies for Coverage B.

Distribution: Original to Campus Risk Management Office - (Campus Risk Mgmt. to forward a copy to OPRM) 10/09/98 Rev.

Retention: Risk Management - 5 years after settlement Other Copies - 1-2 years after settlement